

Financial Assistance Checklist

INITIAL IF YES	INFORMATION REQUIRED FOR COMPLETE APPLICATION
	1—The demographic information is completed for patient <u>and</u> guarantor (i.e., address, telephone number, etc.).
	2—The dependent information is completed (i.e., number in household, names, ages, etc.).
	3—The employment and income information is completed for patient/guarantor and spouse.
	4—A copy of most recent year's IRS Tax Return is attached.
	5—A copy of most current pay stub is attached.
	6—A copy of medical savings account balance (if any) is attached.
	7—If no income is documented, attach explanation for how expenses are being met.
	8—If the patient/guarantor has filed bankruptcy, all questions are answered.
	9—If the patient/guarantor is a homeowner, all questions are answered.
	10—Information is completed for banking information (i.e., checking and savings accounts).
	11—Information is completed for automobile.
	12—Information is completed for other assets.
	13—The expense/monthly payment information is completed.
	14—Does all information look reasonable?
	15—Are there any luxury items listed that might prevent patient/guarantor from paying the bill (e.g., country club dues, maid/lawn service, boat, cable bills, etc.)?
	16—If a resident of Prairie View Gardens, a completed copy of the Nebraska Health & Human Services application for assistance (EA117).
	17—If a resident of Prairie View Gardens, a copy of the most recent Nebraska Health & Human Services Medicaid Waiver application and response.
	18—Has the patient/guarantor and spouse signed and dated the form?

	19 —Has the witness signed and dated the form?
	20 —If the application is incomplete, the PFS Manager or their designee contacted the patient/guarantor requesting the additional documentation. If by mail, the letter specified the required documentation and return instructions.
	21 —Compare the <i>Total Family Monthly Income</i> to the <i>Total Monthly Expenses</i> . Can the patient/guarantor afford to make monthly payments? If so, contact the patient/guarantor to establish payment arrangements. STOP.
	22 —If the patient/guarantor <u>cannot</u> afford monthly payments, the Patient Accounts Manager will review the Uninsured -Underinsured Sliding Scale (<i>for the county of residence</i>) to determine if the patient and/or guarantor qualifies for Charity Care.
	23 —If the patient qualifies for Charity Care, forward all information to the Director of PFS for review.
	24 —If the patient qualifies for Charity Care and the total discount exceeds \$25,000 the Director of PFS forwards all information to the appropriate individual for approval.
	25 —If the patient does not qualify for Charity Care, the PFS Manager or their designee sends a letter of denial for Charity Care to patient/guarantor.
	26 —The Director of PFS returns the approval form, financial assistance application and all supporting documentation to the Patient Accounts Manager to send acceptance of Charity Care letter to the patient and/or guarantor.
	27 —The Patient Accounts Manager or their designee posts the discount to all applicable patient accounts.
	28 —The Patient Accounts Manager selects this chart for Quality Review

Signature – Patient Accounts Representative	Date
Signature – Patient Account Manager	Date
Signature – Director, Patient Financial Services	Date